

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24438

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** MONTEGO BAY AT BOCA POINTE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11784 WEST SAMPLE ROAD  
103  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

11784 WEST SAMPLE ROAD  
103  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 65-0026953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITEDCOMMUNITY MANAGEMENT CORP.  
11784 WEST SAMPLE ROAD  
103  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP.  
11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANA MONTOYA

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARTEN, RICHARD  
Address: 22799-G TRELAUNY TERRACE  
City-St-Zip: BOCA RATON, FL 33433 US

Title: S  
Name: SAYLES, MARCIA  
Address: 22760-E MANDERVILLE PLACE  
City-St-Zip: BOCA RATON, FL 33433 US

Title: T  
Name: FREEDMAN, ROBERT  
Address: 22799 D TRELAUNY TERRACE  
City-St-Zip: BOCA RATON, FL 33433 US

Title: D  
Name: KRUGMAN, LEONORE  
Address: 6738-G MONTEGO BAY BLVD  
City-St-Zip: BOCA RATON, FL 33433 US

Title: D  
Name: STRUASS, PATRICIA  
Address: 6737 MONTEGO BAY BLVD.  
City-St-Zip: BOCA RATON, FL 33433 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANA MONTOYA

D

04/12/2012

Electronic Signature of Signing Officer or Director

Date